

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 5/22/03 2 Serial/Patent # 04/339,059

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	13	1/21/03	\$ 410
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT OF REFUND \$ 410.00

8 TO BE REFUNDED BY:

☒ Treasury Check

Credit Deposit A/C #:

9

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10 REASON:

☐ Overpayment

☐ Duplicate Payment

☒ No Fee Due (Explanation):

Maximum period Expired

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: CHARLEMA GRANT

TITLE: Return Attorney

SIGNATURE: Charlemagne Grant

PHONE: 304-0251

OFFICE: Patent

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: [Signature]

DATE: 5/27/03

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: